

## CDBG Housing Improving Local Livability (CHILL) Program Round 2

This letter of intent form is restricted to non-entitlement local units of general local government (UGLG) only. Once CHILL grant awards are made, local governments will announce their programs and make resources available locally.

Submission information will be gathered electronically in two separate parts. Part 1 consists of the intake questions located below. Once completed, hit submit to receive email instructions and a link for uploading the local support letter and other necessary attachments to MSHDA's SharePoint site to satisfy Part 2 of the submission process. Please see the Letter of Intent Submission Guidance on the website for specific details on how to complete the last step.

For your reference, the required Part 2 attachments that will need to be uploaded are listed below.

## Part 2 Attachment List:

- 1. **Local Support Letter** (UGLG to create)
- 2. **CHILL Compliance Requirements Form** (provided on website)
- 3. **Budget Worksheet** (template provided on website)
- 4. **Map of Anticipated Service Area(s)** (UGLG to create)

If you have any program questions, please contact <u>mshda-cdbg@michigan.gov</u> for assistance. If you encounter any technical difficulties in completing/submitting Part 1 or Part 2, please email <u>mshda-arpa-it-support@michigan.gov</u>.

\* Required

1.	Agency Name *
	Enter your answer
2.	Street Address:
	Enter your answer
3.	City, County, State:
	Enter your answer
4.	Zip Code:
	Enter your answer
5.	What region is your project located? (Select all that applies) *
	Region A: Baraga, Iron, Houghton, Keweenaw, Ontonagon, Gogebic
	Region B: Dickinson, Menominee, Marquette, Alger, Delta, Schoocraft
	Region C: Luce, Mackinac, Chippewa
	Region D: Emmet, Charlevoix, Antrim, Kalkaska, Missaukee, Wexford, Grand Traverse, Leelanau, Benzie, Manistee
	Region E: Cheboygan, Presque Isle, Otsego, Montmorency, Alpena, Crawford, Oscoda, Alcona, Roscommon, Ogemaw, Iosco

11/9/23, 12:00 PM

9.	Secondary Contact Name
	Enter your answer
10.	Secondary Contact Phone
	Enter your answer
11.	Secondary Contact Email Address
	Enter your answer
12.	Select Budgeted Eligible Activity Types (Select all that apply) *
	Homeowner Improvement
	Demolition/Reconstruction/Resale
	Program Administration
13.	How do you envision the proposed grant activities being implemented? Provide a description for each activity selected. *
	Enter your answer

14. Describe the organizational capacity to implement the proposed grant activities. What experience does the organization have implementing CDBG funded and/or

Siiiiiiai activities:	similar	activities? *	
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Enter your answer

15. Describe the capacity and experience of the local government staff who will be involved in managing the grant and/or implementing grant activities. \*

Enter your answer

16. Describe the developer and/or contractor capacity in your area. Do you anticipate adequate contractor availability or readiness to implement proposed grant activities? \*

Enter your answer

17. Describe the boundaries of the service area for activity implementation. Note: description needs to match the boundaries represented on the map. \*

Enter your answer

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